

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. 10849052 FILING DATE _____
 APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1		/				
2		/				
3		/				
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TOTAL IND.	3					
TOTAL DEP.	17					
TOTAL CLAIMS	20					

	IND		DEP		IND		DEP		IND		DEP	
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